

APPLICATION FOR INITIAL LICENSURE ADVANCED PRACTICE PROFESSIONAL NURSE AND PROFESSIONAL NURSE (RN)

The Application for Prescriptive and Dispensing Authorization for Prescriptive Authority is also attached – Complete this application if you plan to prescribe legend drugs in the State of Idaho.

Criminal Background checks – All applicants are required to submit to a fingerprint-based criminal background check by the Idaho Central Criminal Database and Federal Bureau of Investigation criminal history database. Cards are available from the Board office.

Total Fees to be submitted:	RN Application Fee	\$110.00
	Temporary License (if needed)	\$25.00
	Fingerprint Processing Fee -	\$30.00*
	APPN Application Fee -	\$90.00
	Prescriptive Authorization (if needed) -	\$50.00

TOTAL RN FEE TO SUBMIT: License Fee, Fingerprint Fee – \$140.00 with Temporary License Fee - \$165.00

TOTAL APPN FEE TO SUBMIT: License Fee - \$90.00 – with Prescriptive Authorization - \$140.00

Only one fingerprint card and fee is required when submitting a request for both an RN and APPN license

***PLEASE NOTE:**

Effective October 1, 2012, the Fingerprint Processing Fee will be increased to \$34.00. Applications post-marked on or after October 1, 2012, must include the increased fee. (Total fee to submit - \$144.00 OR \$169.00 with a temporary license)

Effective July 1, 2013, the Fingerprint Processing Fee will be increased to: \$42.00. Applications post-marked on or after July 1, 2013, must include the increased fee. (Total fee to submit - \$152.00 OR \$177.00 with a temporary license)

APPLICATION INSTRUCTIONS FOR NURSE LICENSURE

This application may be used by nurses applying for:

- Licensed practical nurse licensure (LPN).
- Licensed professional nurse licensure (RN).
- Advanced practice professional nurse licensure (CNM, CNS, NP, RNA). *If you are applying for APPN licensure and are not currently licensed to practice in Idaho as a professional nurse (RN), you must apply for professional and advanced practice professional nurse licensure and pay both licensure fees.*
- Temporary licensure. *Idaho has a mandatory nurse licensure law requiring nurses to be licensed to practice in Idaho at the time of employment. A temporary license may be issued for an interim period of ninety (90) days while the application for renewable licensure is being processed. Instructions for temporary licensure are included on the reverse side.*

The following must be on file with the Board of Nursing to determine your eligibility for licensure in Idaho. (All documents become the property of the Board and may be destroyed, without further notification, if the application is not completed within one year.) Documents requiring notarization may NOT be received by FAX.

The following items are required for all applications:

1. **APPLICATION FORM:** Only application forms provided by the Board, completed in ink and notarized will be accepted. Photocopies or Faxed copies of application forms will not be accepted.
 - 1) If all information requested is not supplied, provide an explanation for the omission.
 - 2) Sign the affidavit with your usual signature and have it notarized.
 - 3) Attach a 2 x 2 identification photograph, taken within the last year. Electronically scanned photos are not acceptable; features must be clearly identifiable. Black & white or color photos are acceptable.
2. **FEE.** Enclose the appropriate fee for all categories of licensure for which you are applying (personal checks are accepted):
Licensed Practical Nurse (LPN)/Licensed Professional Nurse (RN):
Endorsement Fee - \$110.00 Reinstatement Fee - \$125.00 RN/PN Temporary License Fee – additional \$25.00
3. **CENSUS QUESTIONNAIRE:** Complete the enclosed Census Questionnaire and return with your completed application. (If you have not been licensed in Idaho previously, leave the box requesting your license number **blank**.)
4. **VERIFICATION FORM:** Send the verification of licensure form to the state in which you were licensed by examination (complete the enclosed "Verification of Licensure" form) **OR** if you were ever licensed in one of the states on the enclosed "NOTICE To Nurses Seeking Licensure in Idaho", you will need to complete **only** the enclosed NURSUS form and submit it to the National Council of State Boards of Nursing for processing (see attached information). Do not request both verifications. **The temporary license can be issued prior to the receipt of either of these forms.**
5. **EMPLOYMENT REFERENCE:** A satisfactory nursing employment reference from the three-year period immediately preceding the application is required. The employment reference may be faxed to (208) 334-3262 or mailed directly to the Board of Nursing by the employer. References will not be accepted from the applicant. **This form is not required to be on file in order to issue the temporary license. If you have not been employed in nursing within the last three years, do not complete the reference form. You may be required to obtain a conditional temporary license in order to update your nursing knowledge to qualify for Idaho licensure.**
6. **DECLARATION OF STATE OF RESIDENCE.** Complete the enclosed form attesting that your primary residence is in a Compact state.
7. **AFFIDAVIT:** The affidavit on page 2 of the application must be completed and notarized in order for your application to be valid.
8. **FINGERPRINT CARD.** Complete the required Fingerprint card and submit to the Board for processing. Only cards from the Board office are acceptable - fee **for processing - \$30.00. Effective October 1, 2012, the fee for processing of fingerprint cards shall be increased to: \$34.00.** Applications post-marked on or after October 1, 2012, must include the increased fee. You must complete and return the enclosed "NonCriminal Justice Applicant Privacy Statement" to the Board office before your license can be issued. **To obtain and challenge your FBI Identification Record – go to: www.fbi.gov/hq/cjis/fprequest.htm.**

PLEASE BE ADVISED: Licensed professional nurses and advanced practice professional nurses must renew their license(s) by August 31st of every odd-numbered year. Licensed practical nurses must renew their license by August 31st of every even-numbered year. A nurse who applies for licensure on or after March 1st of the year in which the license would ordinarily be renewed, will be issued a license valid until the next renewal period.

INSTRUCTIONS FOR APPLYING FOR TEMPORARY LICENSURE FOR RN/LPN APPLICANTS

Applicants requesting temporary licensure as an RN/LPN must submit completed application pages 1 & 2 with these additional materials:

1. Licensure fee, plus the additional temporary licensure fee of \$25.00.
2. Evidence that you are currently licensed in good standing in another state. Submit a photocopy of a current licensure certificate (wallet-sized card) accompanied by the enclosed "Affidavit Attesting to Validity of Copies". The licensure certificate must indicate the expiration date. Temporary licenses CANNOT be issued on expired, inactive, non-practicing certificates; temporary licenses from other states; or certificates not issued in your current name unless accompanied by a Change of Name Affidavit (available from this office) or a copy of your marriage license, divorce decree or other legal document indicating name change.

Applicants who have not been employed in nursing within the last three years may be required to obtain a conditional temporary license in order to update nursing knowledge and skills. The conditional temporary license may be issued by submitting completed application pages 1 & 2 with these additional materials:

1. Licensure fee, plus the additional temporary licensure fee of \$25.00.
2. Evidence of previous licensure or a copy of your lapsed license is acceptable, pending receipt of a verification form from original state of licensure (or NURSYS). (Please contact the Board office ext. 34 if you have questions.)



ADVANCED PRACTICE PROFESSIONAL NURSE

In addition to submitting the completed application pages 1 & 2, the following items are required for Advanced Practice Professional Nurse Licensure:

1. **APPLICATION FORM:** Complete the information requested on page 3.
2. **FEE.** Enclose the appropriate fee:

Advanced Practice Professional Nurse (CNM, CNS, NP, RNA)	-	\$90.00
APPN Temporary License	-	No Fee
Fingerprint Processing Fee (if not also applying for RN license)	-	\$30.00 (10/1/12 - \$34 or 7/13 - \$42)
3. **OFFICIAL TRANSCRIPT:** Request an OFFICIAL TRANSCRIPT indicating program completion from the advanced practice professional nursing program, to be mailed directly to the Board of Nursing office.
4. **ADVANCED PRACTICE PROFESSIONAL NURSE NATIONAL CERTIFICATION.** Submit a copy of your current national certification attached to the enclosed affidavit.
5. **RN LICENSURE.** If you are currently licensed to practice as an RN in Idaho, do not submit items 2, 3, 4, or 5 on page 1 of these instructions.

TEMPORARY LICENSURE FOR ADVANCED PRACTICE PROFESSIONAL NURSE APPLICANTS

Advanced practice professional nurse applicants (CNM, CNS, NP, RNA) applying for APPN temporary licensure, who are currently authorized to practice in Idaho under temporary or renewable professional (RN) licensure must submit the completed application form and the "Affidavit Attesting to Validity of Copy", attached to one of the following documents:

1. If you hold national certification, submit a copy of your current certificate showing the expiration date; or
2. If you have not yet taken the certification examination, submit a copy of the document which verifies acceptance to take the examination. In addition, evidence of completion of an Advanced Practice Professional Nursing education program is required. If a final transcript is not yet available, submission of one of the following documents is acceptable:
 - a. Correspondence received directly (by FAX or mail) from the director of the educational program attesting to completion of all graduation requirements; or
 - b. Notarized copy of diploma.
3. If your national certification has lapsed, submit a copy of your lapsed certificate. The Board will consider issuance of a conditional temporary license in order for you to meet specified practice requirements under supervision for re-entry into advanced practice professional nursing.

APPLICATION FOR LICENSURE

For Office Use Only

License # _____
☐ Compact ☐ Valid only in Idaho

APPN # _____

Receipt# _____

Amount _____

Approval _____

Temp _____

Licensure _____

Check **all** categories for which application is being made:

- ☐ **Licensed Practical Nurse (LPN)**
☐ Licensure by Endorsement
☐ Licensure by Reinstatement
- ☐ **Licensed Professional Nurse (RN)**
☐ Licensure by Endorsement
☐ Licensure by Reinstatement
- ☐ **Advanced Practice Professional Nurse**
☐ Certified Nurse-Midwife
☐ Clinical Nurse Specialist
☐ Nurse Practitioner
☐ Registered Nurse Anesthetist
- ☐ **Temporary Licensure**

AFFIX A 2" X 2"

PHOTOGRAPH

HEAD AND SHOULDERS
ONLY

Taken within the Year

DO NOT STAPLE

Date of photo _____

Name _____
Last First Middle Maiden

Other names used previously _____

Mailing Address _____

Telephone - Home: () _____ Work: () _____ City State Zip Code
S.S. No. _____Birthplace _____ Birth Date _____
(City & State) (Mo/Day/Year)

BASIC RN/LPN EDUCATION

Name of Practical Nursing (LPN) Education Program _____

Location _____
(City & State)Dates Attended _____ to _____ Type of Degree/Credential Granted _____
Mo/Yr Mo/Yr ADN/ASN/CERT/DIPLOMA

Name of Professional Nursing (RN) Education Program _____

Location _____
(City & State)Dates Attended _____ to _____ Type of Degree/Credential Granted _____
Mo/Yr Mo/Yr ADN/ASN/BSN/MSN

LICENSURE

- Have you ever taken the State Board Test Pool Examination (SBTPE) or National Council Licensure Examination (NCLEX) in any state of the United States? ☐ Yes ☐ No ☐ RN ☐ PN
- Have you ever been licensed or made application for licensure as an RN/LPN/APPN in Idaho prior to this date? ☐ Yes ☐ No If previous Idaho licensure, indicate year and name used _____
- State and year of original RN/LPN licensure _____ License No. _____
- List all states in which you are or have ever been licensed _____

F.P. CARD REC'D _____
F.P. RESULTS REC'D _____
INITIALED _____YOU MAY NOT PRACTICE NURSING IN IDAHO AS DEFINED IN THE NURSING PRACTICE ACT, IDAHO CODE, SECTION 54-1401 THROUGH 54-1417,
UNTIL YOU HAVE FILED AN APPLICATION AND RECEIVED A TEMPORARY OR RENEWABLE LICENSE.

LIST LAST THREE (3) YEARS OF NURSING EMPLOYMENT: (Additional information may be listed on a separate sheet.)

If you have not been employed in nursing within the last three years, or if there are gaps in employment, indicate your **last year of nursing employment** and explain the reason. (Supervised practice and a content update may be required if you have not engaged in nursing practice during the last three years.) _____

SCREENING QUESTIONS

1.	Has your nursing license ever been disciplined in any state (e.g., revoked, suspended, placed on probation, formally reprimanded, or otherwise encumbered)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is any action pending against your nursing license in any state?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you ever had approval to practice in an advanced role denied, limited, suspended, revoked or otherwise disciplined?	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Have you ever had an application for nursing license denied?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Have you ever been denied admission to take a nursing examination by any state?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Do you have, or have you been diagnosed as having, or have you been treated for having a physical or mental condition, including drug or alcohol addiction during the past five (5) years, which may impair your ability to practice nursing with reasonable skill and safety?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	If yes, do you require special accommodations in order to practice?	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Do you currently have any felony or misdemeanor charges pending against you in any jurisdiction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Have you ever pled guilty, entered a plea of nolo contendere, been convicted of, or received a withheld judgment for a misdemeanor or felony in any jurisdiction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

AFFIDAVIT

WITNESS my hand and official seal.
8/2012

The following must be completed and returned with Pages 1 and 2 by Advanced Practice Professional Nurses applying for licensure in the categories of Certified Nurse-Midwife, Clinical Nurse Specialist, Nurse Practitioner or Registered Nurse Anesthetist.

ADVANCED PRACTICE PROFESSIONAL NURSE EDUCATION *

* Official Transcript is required and must be mailed by the granting institution directly to the Board of Nursing.

Please ☒ the category for which you are applying for licensure:

☐ **Certified Nurse-Midwife:** Name of Nurse-Midwifery Program: _____

Location of Program: _____

Dates Attended: _____ Degree/Credential _____

☐ **Clinical Nurse Specialist:** Name of Graduate Nursing Program: _____

Location of Program: _____

Dates Attended: _____ Degree/Credential _____

☐ **Nurse Practitioner:** Name of Nurse Practitioner Program: _____

Location of Program: _____

Dates Attended: _____ Degree/Credential _____

☐ **Registered Nurse Anesthetist:** Name of Nurse Anesthesia Program: _____

Location of Program: _____

Dates Attended: _____ Degree/Credential _____

ADVANCED PRACTICE PROFESSIONAL NURSE CERTIFICATION

APPN Certification:

Name of certifying organization: _____

Date of original certification: _____

If not yet certified, date scheduled for examination _____

A notarized copy of your current certificate, or a document which verifies acceptance to take the examination must be enclosed.

IDAHO BOARD OF NURSING

For Office Use Only

Professional Nurse (RN)
CENSUS QUESTIONNAIRE

Please Print:

NAME : _____

ADDRESS : _____

CITY & STATE : _____

Zip Code

Cert # _____
 Rec't # _____ Amt _____
 Date Issued _____
☐ Reinstatement
☐ Endorsement

Idaho License No.	Birth Date	Social Security No.	Gender* (Optional)	County Name	
	/ /	- -		Residence:	Employment:
Ethnicity* (Optional) <input type="checkbox"/> Caucasian(1) <input type="checkbox"/> African American/Black(2) <input type="checkbox"/> Hispanic(3) <input type="checkbox"/> Am. Indian/Alaska Native(4) <input type="checkbox"/> Asian/Pacific Islander(5) <input type="checkbox"/> Multi-Racial(6) <input type="checkbox"/> Other(99)_____					

(*Voluntary disclosure information – response optional)

Please choose only one answer for each question, write the appropriate number in the box to the left.

EMPLOYMENT STATUS	1. Employed in nursing full-time 2. Employed in nursing part-time 3. Employed outside nursing 4. Not Employed/Seeking Employment			5. Not Employed/Student 6. Not Employed/Not Seeking 7. Volunteer 8. Emeritus			9. Retired		
PRIMARY EMPLOYER	Employer _____ Address _____								
PRIMARY EMPLOYMENT	1. Hospital 2. Nursing Home 3. Home Health/Hospice 4. Public Health 5. Occupational Health 6. Medical Office/Clinic			7. Assisted Living 8. Nursing Education 9. Insurance Company 10. Jail/Prison 11. School Health 12. Outpatient Facility			99. Other (specify) _____		
TYPE OF POSITION	1. Staff or General Duty 2. Case Manager/Discharge Planner 3. Administrator/Supervisor 4. Educator 5. Advanced Practice (not RN Specialty)			6. Quality Assurance/Outcomes Management 7. Consultant/Researcher 8. Charge/Lead Nurse/ Team Leader 99. Other (specify) _____					
MAJOR CLINICAL AREA	1. Geriatric 2. Gynecologic/Obstetric 3. Medical/Surgical 4. Pediatric			5. Psychiatric/Mental Health 6. Emergency 7. Community/Public Health 8. Rehabilitation/Restorative			99. Other (specify) _____		
BASIC EDUCATION	1. Diploma 2. Associate Degree			3. Baccalaureate Degree or Higher 4. Other (specify) _____					
HIGHEST DEGREE	1. Diploma/RN 2. Associate Degree/RN 3. Baccalaureate Degree/RN 4. Baccalaureate Degree in Other Field (specify) _____ 5. Masters in Nursing			6. Masters in Other Field (specify) _____ 7. Doctorate in Nursing (specify) _____ 8. Doctorate in Other Field (specify) _____ 9. PN Certificate/Diploma			10. PN Associate Degree 99. Other (specify) _____		
Year Advanced Degree was Granted _____									
I am currently taking courses toward an additional/advanced degree in nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No I intend to leave/retire from the practice of nursing in the next two years? <input type="checkbox"/> Yes <input type="checkbox"/> No States other than Idaho in which I am practicing: _____									

Information provided is for statistical purposes only.

IDAHO BOARD OF NURSING, 280 NORTH 8TH STREET, SUITE 210, BOISE, ID 83720-0061

Mailing: P.O. Box 83720

FAX: (208) 334-3262

VERIFICATION OF LICENSURE

APPLICANT: Complete the requested information and forward to the Board of Nursing in the state in which you were licensed by **examination**. Board addresses are located on the back of this form. **(A fee may be required.)**

NAME: (Last, First, Middle, Maiden)

PREVIOUS NAMES:

SOCIAL SECURITY NO:

CURRENT ADDRESS: (Street, City, State, Zip Code)

ORIGINAL LICENSE NUMBER:

TYPE OF LICENSE

() Professional (RN) () Practical

DATE ISSUED:

NURSING EDUCATION PROGRAM COMPLETED:

YEAR OF GRADUATION:

Name:

Location:

I hereby authorize the _____ Board of Nursing to release the information requested below to the Idaho Board of Nursing.

Date: _____

Signature: _____

LICENSING AGENCY

This is to certify that the above-named individual was issued:

LICENSE NUMBER: _____

DATE ISSUED: _____

() Licensed Professional Nurse (RN)

() Licensed Practical Nurse

LICENSED BY: () Examination
() Endorsement

LICENSURE STATUS:
() Current () Lapsed

EXPIRATION DATE:

Has this license ever been encumbered in any way (revoked, suspended, restricted, limited, placed on probation)?..... () YES* () NO

Under current investigation..... () YES* () NO

Action Pending..... () YES* () NO

* If YES, please attach an explanation, documents, etc.

NURSING EDUCATION PROGRAM: _____

Location: _____

Year of Graduation: _____

Approved/Accredited by Board of Nursing at time of graduation: () YES () NO

Examination Information	Registered Nurse NCLEX	Registered Nurse SBTPE					Practical Nurse NCLEX/ SBTPE
		MEDICAL NURSING	PSYCH NURSING	OB NURSING	SURG NURSING	NURSING OF CHILD	
Standard Scores							
Series/Form							

This form may be FAXED if the Board seal is an inked imprint.

JURISDICTION: _____

DATE: _____

(BOARD SEAL)

SIGNATURE: _____

TITLE: _____

ADDRESSES OF STATE BOARDS OF NURSING

ALABAMA, 770 WASHINGTON AVENUE, RSA PLAZA, STE 250, MONTGOMERY, AL 36130-3900 (334/242-4060)
ALASKA, 550 WEST SEVENTH AVENUE, SUITE 1500, ANCHORAGE, ALASKA 99501-3567 (907/ 269-8161)
AMERICAN SAMOA, LBJ TROPICAL MEDICAL CENTER, PAGO PAGO, AS 96799 (684/633-1222)
ARIZONA, 4747 N. 7TH STREET, SUITE 200, PHOENIX, AZ 85014-3653 (602/889-5150)
ARKANSAS, UNIVERSITY TOWER BLDG, 1123 S. UNIVERSITY, SUITE 800, LITTLE ROCK, AR 72204-1619 (501/686-2700)
CALIFORNIA-RN, 1625 N. MARKET BLVD, STE N-217, SACRAMENTO, CA 95834-1924 (916/322-3350)
CALIFORNIA-PN, 2535 CAPITOL OAKS DRIVE, SUITE 205, SACRAMENTO, CA 95833 (916/263-7800)
COLORADO, 1560 BROADWAY, SUITE 880, DENVER, CO 80202 (303/894-2430)
CONNECTICUT, 410 CAPITOL AVENUE, MS# 13PHO, P.O. BOX 340308, HARTFORD, CT 06134-0328 (860/509-7624)
DELAWARE, 861 SILVER LAKE BLVD, CANNON BUILDING, SUITE 203, DOVER, DE 19904 (302/739-4522)
DIST. OF COLUMBIA, 717 14TH STREET NW, STE 600, WASHINGTON, DC 20005 (202/724-4900)
FLORIDA, 4052 BALD CYPRESS WAY, BIN C02, TALLAHASSEE, FL 32399-3252 (850/245-4125)
GEORGIA-PN, 237 COLISEUM DRIVE, MACON, GA 31217-3858 (478/207-1640)
GEORGIA-RN, 237 COLISEUM DRIVE, MACON, GA 31217-3858 (478/207-1640)
GUAM, P.O. BOX 2816, HAGATNA, GUAM 96932 (671/735-7406)
HAWAII, KING KALAKAUA BUILDING, 335 MERCHANT STREET, 3RD FLOOR, HONOLULU, HI 96813 (808/586-3000)
IDAHO, P.O. BOX 83720, BOISE, ID 83720-0061 (208/334-3110)
ILLINOIS, 320 W. WASHINGTON STREET, 3RD FLOOR, SPRINGFIELD, IL 62786 (217/782-8556)
INDIANA, 402 W. WASHINGTON STREET, ROOM W072, INDIANAPOLIS, IN 46204 (317/234-2043)
IOWA, RIVERPOINT BUSINESS PARK, 400 S.W. 8TH STREET, SUITE B, DES MOINES, IA 50309-4685 (515/281-3255)
KANSAS, LANDON STATE OFFICE BUILDING, 900 S.W. JACKSON, SUITE 1051, TOPEKA, KS 66612 (785/296-4929)
KENTUCKY, 312 WHITTINGTON PARKWAY, SUITE 300, LOUISVILLE, KY 40222 (502/429-3300)
LOUISIANA-PN, 3421 N. CAUSEWAY BOULEVARD, SUITE 505, METAIRIE, LA 70002 (504/838-5791)
LOUISIANA-RN, 5207 ESSEN LANE, SUITE 6, BATON ROUGE, LA 70809 (225/763-3570)
MAINE, 158 STATE HOUSE STATION, AUGUSTA, ME 04333 (207/287-1133)
MARYLAND, 4140 PATTERSON AVENUE, BALTIMORE, MD 21215 (410/585-1900)
MASSACHUSETTS, 239 CAUSEWAY STREET, 2ND FLOOR, BOSTON, MA 02114 (617/973-0800)
MICHIGAN, OTTAWA TOWERS NORTH, 611 W. OTTAWA, 1ST FLOOR, LANSING, MI 48933 (517/335-0918)
MINNESOTA, 2829 UNIVERSITY AVENUE SE, MINNEAPOLIS, MN 55414 (612/617-2270)
MISSISSIPPI, 1935 LAKELAND DRIVE, SUITE B, JACKSON, MS 39216-5014 (601/987-4188)
MISSOURI, 3605 MISSOURI BLVD. P.O. BOX 656, JEFFERSON CITY, MO 65102-0656 (573/751-0681)
MONTANA, 301 SOUTH PARK, PO BOX 200513, HELENA, MT 59620-0513 (406/841-2340)
NEBRASKA, 301 CENTENNIAL MALL SOUTH, LINCOLN, NE 68509-4986 (402/471-4376)
NEVADA, 5011 MEADOWOOD MALL #201, RENO, NV 89502-6547 (775/688-2620)
NEW HAMPSHIRE, 21 SOUTH FRUIT STREET, SUITE 16, CONCORD, NH 03301-2341 (603/271-2323)
NEW JERSEY, P.O. BOX 45010, 124 HALSEY STREET, 6TH FLOOR, NEWARK, NJ 07101 (973/504-6586)
NEW MEXICO, 6301 INDIAN SCHOOL ROAD, NE, SUITE 710, ALBUQUERQUE, NM 87110 (505/841-8340)
NEW YORK, EDUCATION BLDG, 89 WASHINGTON AVE, 2ND FLOOR WEST WING, ALBANY, NY 12234 (518/474-3817)
NORTH CAROLINA, 3724 NATIONAL DRIVE, SUITE 201, RALEIGH, NC 27602 (919/782-3211)
NORTH DAKOTA, 919 SOUTH 7TH STREET, SUITE 504, BISMARCK, ND 58504 (701/328-9777)
NORTHERN MARIANA ISLANDS, PO BOX 501458, SAIPAN, MP 96950 (670/664-4812)
OHIO, 17 SOUTH HIGH STREET, SUITE 400, COLUMBUS, OH 43215-3413 (614/466-3947)
OKLAHOMA, 2915 N. CLASSEN BOULEVARD, SUITE 524, OKLAHOMA CITY, OK 73106 (405/962-1800)
OREGON, 800 NE OREGON STREET, BOX 25, SUITE 465, PORTLAND, OR 97232 (971/673-0685)
PENNSYLVANIA, PO 2649, HARRISBURG, PA 17105-2649 (717/783-7142)
PUERTO RICO, PO BOX 10200, SANTURCE, PR 00908-0200 (787/725-7506)
RHODE ISLAND, 105 CANNON BUILDING, THREE CAPITOL HILL, PROVIDENCE, RI 02908 (401/222-5700)
SOUTH CAROLINA, 110 CENTERVIEW DRIVE, SUITE 202, COLUMBIA, SC 29210 (803/896-4550)
SOUTH DAKOTA, 4305 SOUTH LOUISE AVE., SUITE 201, SIOUX FALLS, SD 57106-3115 (605/362-2760)
TENNESSEE, 425 FIFTH AVE NORTH, 1ST FLOOR - CORDELL HULL BUILDING, NASHVILLE, TN 37247 (615/532-5166)
TEXAS, 333 GUADALUPE, SUITE 3-460, AUSTIN, TX 78701 (512/305-7400)
UTAH, HEBER M. WELLS BLDG., 4TH FLOOR, 160 EAST 300 SOUTH, SALT LAKE CITY, UT 84111 (801/530-6628)
VERMONT, 81 RIVER STREET, HERITAGE BUILDING, MONTPELIER, VT 05609-1106 (802/828-2396)
VIRGIN ISLANDS, VETERANS DRIVE STATION, ST. THOMAS, VI 00803 (340/776-7397)
VIRGINIA, 6603 WEST BROAD STREET, 5TH FLOOR, RICHMOND, VA 23230-1712 (804/662-9909)
WASHINGTON, HPQA #6, 310 ISRAEL RD SE, TUMWATER, WA 98501-7864 (360/236-4700)
WEST VIRGINIA-PN, 101 DEE DRIVE, CHARLESTON, WV 25311 (304/558-3572)
WEST VIRGINIA-RN, 101 DEE DRIVE, CHARLESTON, WV 25311 (304/558-3596)
WISCONSIN, 1400 E. WASHINGTON AVENUE, RM 173, MADISON, WI 53708 (608/266-0145)
WYOMING, 2020 CAREY AVENUE, SUITE 110, CHEYENNE, WY 82002 (307/777-7601)



NOTICE

To Nurses Seeking Licensure in Idaho

If you are or were ever licensed in Alaska, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Florida, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virgin Islands, Virginia, Washington, West Virginia (PN), Wisconsin or Wyoming, you must obtain a **Nursys** LICENSE VERIFICATION by accessing the Nursys website at <https://www.nursys.com> and completing the request form. You may pay the \$30.00 fee by MasterCard or Visa. **DO NOT COMPLETE THE ENCLOSED IDAHO VERIFICATION OF LICENSURE FORM.**

Your verification will be completed by the NURSUS system and provided to the Idaho Board of Nursing electronically. This verification form is valid **for ninety days only and may only be extended by submitting an additional fee.** If you submit your application after the expiration date of the Verification, you will be requested to pay an additional \$30.00 fee.

Note: If you are **NOT** licensed in Alaska, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Florida, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virgin Islands, Virginia, Washington, West Virginia (PN), Wisconsin or Wyoming, please complete the enclosed Verification of Licensure form (Idaho form) and forward this form to your original state of licensure. **DO NOT COMPLETE THE NURSUS FORM.**

Please contact the Board office (208) 334-3110 ext. 2476 if you have questions concerning the Verification form.

NURSING EMPLOYMENT REFERENCE FORM

LICENSURE APPLICANT:

1. If you have been employed as a nurse at some time within the last three years for a minimum of 80 hours, complete the release information at the top of this form and send to a registered nurse/supervisor from your current or most recent place of employment for completion of the bottom section. The form must be returned **directly** to the Board by the nursing employer.
2. If you graduated from a nursing education program *less than one year ago* **AND** you have **not** been employed as a nurse for a *minimum of 80 hours*, complete the release information at the top of this form and send to a faculty member at your nursing education program for completion of the bottom section. The form must be returned **directly** to the Board office by the faculty.

TO:

PLACE OF EMPLOYMENT (OR NURSING SCHOOL)

SUPERVISOR (OR FACULTY CHAIR)

I, _____, Social Security # _____ have applied to the (Name of Nurse Applicant)

the Idaho Board of Nursing for licensure as an _____ nurse. I stated on my licensure application (RN/LPN/APPN)

that I was **employed/enrolled** at your institution as a _____ for the following (circle one) (RN, LPN, RNA, NP, CNM, CNS, other)

period: _____ to _____. I hereby authorize you to release to the Idaho

Board of Nursing for licensure purposes, the information requested below.

DATE

SIGNATURE OF APPLICANT

ATTENTION: THIS FORM WILL NOT BE ACCEPTED DIRECTLY FROM THE APPLICANT.

NURSING EMPLOYER (OR FACULTY MEMBER):

The above named person has applied for licensure as a nurse in the State of Idaho and has given your name as a reference. Please furnish the information requested below and return the completed form by mail or FAX to:

IDAHO BOARD OF NURSING, P.O. BOX 83720, BOISE, ID 83720-0061 - FAX: (208) 334-3262

(If returning this form by FAX, please do not follow up with a hard copy.)

1. The applicant was **employed/enrolled** from _____ to _____. (circle one)

as a(n): ☐ RN ☐ CNM ☐ NP
☐ LPN ☐ CNS ☐ RNA
☐ OTHER* _____

****If OTHER is checked, please specify job title in the blank and list job duties on the reverse side of this form.***

2. GENERAL HISTORY: ** Met performance requirements ☐
Performance **NOT** satisfactory ☐ ***(If NOT satisfactory, please explain on reverse side.)***

** If unable to release this information, please initial here _____, sign and return this form.

DATE

SIGNATURE AND TITLE

EMPLOYER OR SCHOOL: _____

MAILING ADDRESS: _____

PHONE and FAX NUMBERS: _____

**DECLARATION OF PRIMARY STATE OF RESIDENCE
NURSING LICENSURE INTERSTATE COMPACT**

Dear Applicant for Licensure by Interstate Endorsement or Reinstatement:

On July 1, 2001, Idaho became a member of the Nurse Licensure Compact. Other states include Arizona, Arkansas, Colorado, Delaware, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin.

Under terms of the Nurse Licensure Compact, nurses may hold a license to practice issued by their state of residence, if that state is a Compact state, and are granted the privilege to practice in other Compact states without holding separate licenses in those other states. If you reside in a Compact state, you may hold a Compact state license only in your declared state of residence; you may not be licensed in any other Compact state. If you reside in a state that is not a member of the Compact and you apply for licensure to practice in any Compact state, you will be issued a license by the individual Compact state that will be designated as valid for practice only in that state.

If you are applying for licensure in Idaho and indicating a mailing address in another Compact state, it is imperative that you inform the Idaho Board as to which scenario best suits your particular situation, to ensure that appropriate procedures are followed in issuing your Idaho license or in directing you to contact the appropriate state(s) to apply for and receive a license.

Please note, if you are in the process of moving to Idaho and declaring Idaho as your state of residence, you must provide the Idaho Board with an Idaho address within 30 days of relocating to this state. Upon notice of address change, licenses held in any other Compact state will become invalid.

More information regarding the Nurse Licensure Compact is available on the National Council of State Boards of Nursing web site at <http://www.ncsbn.org>. If you have questions about your application, please contact the Board at (208) 334-3110 ext. 21.

-----Tear off and return-----

DECLARATION OF STATE OF RESIDENCE
--

Name _____

Address: _____

Primary state of residence is defined as "the state of a person's declared fixed permanent and principal home for legal purposes; domicile. Documentation of state of residence includes a valid driver's license with a home address, voter registration card with a home address, and/or the state declared as the state of residency on the last federal tax return.

Based on the definition above, my primary state of residence is _____

I am currently practicing nursing (including telenursing) in the following states:

Check one:

- ☐ I am declaring Idaho as my state of residence, even though my mailing address is in another Compact state – enclose evidence.
- ☐ I am declaring Idaho as my state of residence; my mailing address is listed below.
- ☐ I am practicing in Idaho, but am declaring another Compact state as my state of residence - enclose evidence.
- ☐ I am practicing in Idaho, but am declaring a Non-Compact state _____ as my state of residence.
- ☐ I am a member of the armed forces and am declaring Idaho as my state of residence.
- ☐ I am in the process of moving to Idaho, but do not yet have an Idaho mailing address. * Estimated move date _____

*Notify the Board office of Idaho address as soon as possible.

Signature _____ Date _____

Address: _____



Idaho State Police

Bureau of Criminal Identification



NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from the Idaho Board of Nursing that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)

If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website.

http://www.isp.idaho.gov/identification/crime_history/FrequentlyAskedQuestions-CriminalRepository.html.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

I do ☐ do not ☐ want a copy of the Privacy Act Statement.

Printed Name

Signature of Applicant

Date

Idaho Board of Nursing – PO Box 83720 – Boise, ID 83720-0061

AFFIDAVIT ATTESTING TO VALIDITY OF COPY

I hereby certify that the attached is a direct photocopy of:

Please ☒ appropriate box (es).

RN/LPN:

- ☐ The certificate which shows proof of current licensure as a licensed professional nurse (RN) or licensed practical nurse (LPN)

APPN:

- ☐ The certificate which shows advanced practice professional nurse national certification
☐ The document which verifies acceptance to take the certification examination
☐ The diploma from my Advanced Practice Professional Nurse educational program

Total number of documents _____

Signature of Applicant

On this _____ day of _____, in the year of _____, before me
_____, a notary public, personally appeared _____,
known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged
to me that he/she executed the same.

(Notary Seal)

Notary Public Signature

My Commission Expires

Check List

The following items must be submitted when you file your application for **LPN/RN** licensure:

- ☐ Completed, notarized application – pages 1 and 2
- ☐ Fee(s)
- ☐ Census Questionnaire
- ☐ Declaration Form
- ☐ Privacy Statement
- ☐ Affidavit attesting to the Validity of Copies – ***if applying for a temporary license, this form must be accompanied by a copy of your current licensure certificate or lapsed licensure certificate if you are applying for a conditional temporary license***

Be sure that you have requested your employer to complete the Employment Reference form and that you have requested your Verification of Licensure form be submitted directly to the Board of Nursing.



The following items must be submitted when you file your application for **APPN** licensure:

- ☐ Completed, notarized application – pages 1, 2 **and** 3.
- ☐ Fee – for Advanced Practice Professional Nurse licensure
- ☐ Fee – for Professional Nurse (RN) licensure if **NOT** currently licensed to practice in Idaho as an RN and NOT residing in a Compact State
- ☐ Declaration Form
- ☐ Fingerprint Card – if NOT also applying for RN licensure
- ☐ Privacy Statement - if NOT also applying for RN licensure
- ☐ Affidavit attesting to the Validity of Copies – attach a copy of your APPN Certification card

Be sure that you have requested that an **OFFICIAL TRANSCRIPT** of your advanced practice professional nursing program be submitted directly to the Board office.

🌀 It is not necessary to return this form with your application 🌀

**Instructions for
Application for Prescriptive and Dispensing Authorization**

- I. Complete the application on the reverse side of these instructions and have the Affidavit notarized.
- II. Submit evidence of completion of thirty (30) hours of post-basic education in pharmacotherapeutics by submitting a copy of a transcript, course work, letter from program or presenter or certificate of completion. The education must have been obtained as part of study within a formal education program or continuing education program, which are related to the applicant's advanced practice category scope of practice
- III. Request the educational program to complete and return directly to the Board of Nursing the enclosed check-list indicating instruction in the following :
 - (1) Pharmacokinetic principles and their clinical application;
 - (2) The use of pharmacologic agents in the prevention of illness, restoration and maintenance of health;
 - (3) Federal and state laws relating to the purchasing, possessing, prescribing, administering and disposing of pharmacologic and nonpharmacologic agents;
 - (4) Prescription writing;
 - (5) Drug selection, dosage and route of administration; and
 - (6) Drug interactions.
- IV. Submit a non-refundable fee of fifty dollars (\$50) - personal checks are acceptable.
- V. Qualified advanced practice professional nurses may be authorized to prescribe and dispense legend drugs and Schedule II to V controlled substances. Applicants seeking controlled substance registration should contact the Idaho Board of Pharmacy, PO Box 83720, Boise, Idaho 83720-0067, (208) 334-2356 or download the appropriate application at:
www.bop.accessidaho.org
www.deadiversion.usdoj.gov/drugreg/index.html (DEA)

**IDAHO BOARD OF NURSING - PO BOX 83720 - BOISE, ID 83720-0061
(208) 334-3110**

License # _____
Receipt # _____
Amount _____
Authorization
Temp _____
Continuing _____

**APPLICATION FOR
PRESCRIPTIVE AND
DISPENSING AUTHORIZATION**

Check category of licensure:

- ☐ Certified Nurse-Midwife
☐ Clinical Nurse Specialist
☐ Nurse Practitioner
☐ Registered Nurse Anesthetist

Name _____
Last First Middle Maiden

Other names used previously _____

Mailing Address _____
City State Zip Code

Home Telephone Number () _____ Work Telephone Number () _____

Social Security Number _____ APPN NUMBER _____

EDUCATION *

Name of Program of Study for Pharmacotherapeutics:

Location of Program: _____

Dates Attended: _____

*Submit evidence of completion of thirty (30) contact hours of post-basic education in pharmacotherapeutics

THE AFFIDAVIT BELOW MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE VALID.

A F F I D A V I T

State of _____)

County of _____) s.s.

I, _____ being duly sworn, declare that I have no mental or physical disabilities that would preclude me from giving safe nursing care at all times; that I am the person referred to in the foregoing application; that the information supplied therein is true to the best of my knowledge; and that I have read and understand this affidavit.

Signature of Applicant

On this _____ day of _____, in the year of _____ before me _____
a notary public, personally appeared _____ known or identified to me to be the person
whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal.

Notary Public Signature
My Commission expires _____

YOU MAY NOT PRACTICE NURSING IN IDAHO AS DEFINED IN THE NURSING PRACTICE ACT, IDAHO CODE, SECTION 54-1401 THROUGH 54-1417, UNTIL YOU
HAVE FILED AN APPLICATION AND RECEIVED A TEMPORARY OR RENEWABLE LICENSE.

VERIFICATION OF PHARMACOLOGY
COURSE CONTENT AND CONTACT HOURS

LICENSURE APPLICANT

Complete the release information at the top of this form and send to the faculty of your advanced practice professional nurse education program for completion of the bottom section.

The form must be returned to our office directly from the faculty.

APPLICANT NAME: _____

SOCIAL SECURITY #: _____

I hereby authorize you to release to the Idaho Board of Nursing for licensure purposes, the information requested below.

DATE

SIGNATURE

APPLICANT: Send this form to your faculty for completion of the bottom section.

ATTENTION: THIS FORM WILL NOT BE ACCEPTED DIRECTLY FROM THE APPLICANT.

NURSING FACULTY

The above named person has applied for licensure as an advanced practice professional nurse with prescriptive authority in the State of Idaho. Please furnish the information requested below and return the completed form by mail or FAX to:

IDAHO BOARD OF NURSING, P.O. BOX 83720, BOISE, ID 83720-0061 (FAX: 208/334-3262)

(If sending the form by FAX, it is not necessary to follow up with a hard copy. Thank you.)

I verify that the individual listed above completed the following number of contact hours in pharmacology:

The contact hours were obtained in the following advanced practice nursing courses (list course names and numbers):

The courses included the following pharmacology content:

- ☐ Pharmacokinetic principles and their clinical application;
- ☐ The use of pharmacologic agents in the prevention of illness, restoration and maintenance of health;
- ☐ Federal and state laws relating to the purchasing, possessing, prescribing, administering and disposing of pharmacologic and non-pharmacologic agents;
- ☐ Prescription writing;
- ☐ Drug selection, dosage and route of administration; and
- ☐ Drug interactions

NAME AND ADDRESS OF NURSING EDUCATION PROGRAM:

FAX AND PHONE NUMBERS: _____

DATE

FACULTY SIGNATURE AND TITLE